Under the Paperwork Reduction Ac	of 1995, no pers	on are required to	U.S. Pate	ent and Traden	nark Office; U.S. DE tion unless it display	PARTMENT	OF COMMERC	
Effective on 12	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008			Application Number 0		09/944,341-Conf. #9771			
			Filing Date S		September 4, 2001			
			First Named Inventor 7		Tsuneo SATO			
FOLL	Examiner Name A		A. M. Richer					
Applicant claims small entity s	7 tit Offic		2628					
TOTAL AMOUNT OF PAYMENT (\$) 1020.00		Attorney Docket No. 0		0649-0799P				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION								
	EVAMINATIO	N EEEe						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMIN.					NATION FEES			
	Small E	ntity	Small Entity	L	Small Entity			
	(\$) Fee (Fee (\$)		Fees	Paid (\$)	
1 1	10 155		255	210	105			
Design 21			50	130	65			
Plant 21			155	160	80			
Reissue 31	10 155		255	620	310			
Provisional 21	10 105	5 0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues) 210 Multiple descriptions							105	
Multiple dependent claims			3-11(0)			370	185	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee II</u> 17 - 20 = x =			Paid (\$) Multiple Depender Fee (\$)			ent Claims Fee Paid (
HP = highest number of total claims paid		n 20.			se (\$)	ree raiu (<u> 21</u>	
Indep. Claims Extra Claims	Fee (\$)	Fee F	Paid (\$)				_	
4 -3= 1	× 210	= \$2	10.00					
HP = highest number of independent clair	ims paid for, if gre	ater than 3.						
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra She			, ,		. E (A)		Paid (\$)	
			dditional 50 or fra				raid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
SUBMITTED BY A D D D D								
- //. //	andle t	44,607	Registration No.	29,680	Telephone	(703) 20	5-8000	
Name (Print/Type) Affichael K Mutter 29,680						August 20, 2008		
Name (Frint Type) Princriael IV Mut	lei				Date	August 2	.u, 2008	